The MHSA requires that the PEI programs include mental health services that are successful in reducing the duration of untreated mental illnesses and assisting people in quickly regaining productive lives (Welfare and Institutions Code Section 5840(c).) Individuals experiencing onset of a serious psychiatric illness can benefit from early identification and services that will help them get their lives back on track as quickly as possible.

#### 1. All ages

This priority population includes all age groups. Suggested strategies for this priority population may vary depending on age, type of mental illness, and other characteristics of the individual(s) in need of services. For example, an older adult who may be experiencing the onset of depression would be part of this priority population. Other examples include new mothers experiencing the onset of postpartum depression or children and youth who may be having suicidal ideation. Suggested strategies for these individuals emphasize early identification and intervention with referrals and linkages to county mental health programs or other providers of mental health services (e.g., health care plans), if necessary. Many of the suggested strategies for individuals in this priority population are included in the resource materials for the other priority populations. Also, primary care providers can conduct mental health screening and assessment for all ages and cultural populations as part of a routine healthcare visit, and, when determined appropriate, provide a warm hand-off to a behavioral health specialist, who will initiate early interventions or refer to specialty mental health services, along with care management services, until the individual is fully engaged.

# 2. <u>Specialized Programs for Youth and Transition-Age Youth – Exempt From</u> Operational Definition for Early Intervention

Counties may choose to develop a unique, transformational program for youth and transition-age youth at risk of developing a psychotic illness<sup>1</sup>. This program is based on an emerging model from Australia and other countries in which individuals at risk of developing a psychotic illness are identified early and brought into a specialized program, described below. These specialized programs last between 2 to 5 years. Therefore, they are exempt from the operational definition for early intervention in which services may be provided for usually less than one year.

The term, "At Risk Mental State" (ARMS), usually a period of one to two years, describes the condition of individuals who are at risk for developing a psychotic

<sup>&</sup>lt;sup>1</sup> DSM-IV diagnoses for psychotic illness include schizophrenia, schizoaffective disorder, brief reactive psychosis, schizofreniform disorder, bipolar disorder with psychotic features, and major depression with psychotic features. All of these diagnoses include psychotic symptoms.

RM-3

illness and are experiencing distressing symptoms. Not all individuals who experience **ARMS** will go on to meet full DSM-IV criteria for a psychotic illness. Specialized intervention during this period may delay or prevent the transition to onset of full psychotic illness, prevent the loss of community, vocational, and social functioning, and decrease the length of time that the illness goes untreated.

"First Onset" is defined as the time when an individual meets full DSM-IV criteria for a psychotic illness. Most individuals experience a period of time that may range from weeks to years between the time they first experience all of the symptoms and the time when they first receive treatment. This period of time is also known as the "duration of untreated psychosis" (DUP). Continuity of care, including continuity of professional relationships, continuity of support for the family, and continuity in the management of the illness, are key issues in the first five years after the onset of psychotic illness.

The majority of individuals who experience **first onset** of a psychotic illness do so during their adolescence, transition-age youth, and early adulthood. A critical component of this strategy is to place these young people in a program just for them. These programs are separate from the programs in a traditional mental health setting that treat people with schizophrenia or other mental illnesses who may have been in intensive treatment for a long time. Interventions are primarily carried out in the community (e.g., home, restaurant, school, etc.) Service sites must be "youth-friendly" and non-stigmatizing, non-mental health settings.

#### Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Community-based organizations
- Community health clinics
- Primary care
- Schools (K-12)
- Employers and businesses
- Client organizations
- Family organizations
- Children's mental health clinics
- Adult mental health clinics
- Psychiatric hospitals
- UC, CSU systems
- Community colleges
- Faith-based organizations
- Youth organizations
- Community centers
- Local media

#### **EXAMPLES OF STRATEGIES:**

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Prevention of Mental Health Problems				
EXAMPLES OF STRATEGIES	DESCRIPTION	SETTINGS	AGE GROUP	
Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	Primarily schools, but can be adapted to other settings		
Website: www.tee	enscreen.org or http://www.sprc.org/featured_r	resources/bpr/ebpp_PDF/columbia-te	enscreen.pdf	
Breaking the Silence	Lessons, games and posters designed to break the silence of mental illness in schools.	Schools		
Website: http://wv	vw.btslessonplans.org/			
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Community, Schools		
Website: http://guide.helpingamericasyouth.gov/programdetail.cfm?id=288 or http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf				

Prevention of Mental Health Problems				
EXAMPLES OF STRATEGIES	DESCRIPTION	SETTINGS	AGE GROUP	
The Science of Mental Illness	The National Institute of Health has developed a school-based curriculum for grades 6-8 that educates students on mental health. Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.	Junior High School	C/Y     TAY     Adults     Older Adults	
	w.bscs.org/page.asp?pageid=0%7C31%7C100%7			
All Stars	A program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents.	Community, School		
Website: http://ww	vw.modelprograms.samhsa.gov/pdfs/model/Al	lStars.pdf		
Teenage Health Teaching Modules	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	High school		
Website: http://www.thtm.org/				

Prevention of Mental Health Problems				
EXAMPLES OF STRATEGIES	DESCRIPTION	SETTINGS	AGE GROUP	
American Indian Life Skills Development	A school-based, culturally tailored, suicide- prevention curriculum for American Indian adolescents. Tailored to American Indian norms, values, beliefs, and attitudes, the curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem- solving skills; and recognize and eliminate self- destructive behavior, including substance abuse.	High School	C/Y TAY Adults Older Adults	
Website: http://ww	w.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec	c.asp?id=635		
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School		
Website: http://mo	delprograms.samhsa.gov/pdfs/model/leadership.pdf			
PHQ-9; Cornell Scale for Depression in Dementia; and Geriatric Depression Scale	<ul> <li>Screening and assessment for first onset of depression in older adults</li> <li>Early intervention, if appropriate</li> <li>Behavioral health assessment and referral, if necessary</li> </ul>	CCHC, FQHC, NA Health Center, Rural Health Centers.	C/Y TAY Adults Older Adults	
Websites: PHQ-9: http://www.pfizer.com/pfizer/download/do/phq-9.pdf; Cornell: www.medqic.org/dcs/ContentServer?cid=1116947564848&pagename=Medqic/MQTools/ToolTemplate&c=MQTools Geriatric Depression Scale: http://www.stanford.edu/~vesavage/GDS.html				

Prevention of Mental Health Problems				
EXAMPLES OF	DESCRIPTION	SETTINGS	AGE GROUP	
STRATEGIES				
PROSPECT: Prevention of	A specially trained master's-level clinician works in close collaboration with a	CCHC, FQHC,	C/Y TAY	
Suicide in	depressed patient's primary care provider	Native American health centers,	Adults	
Primary Care Elderly	to implement a comprehensive disease management program.	rural health centers	Older Adults	
Collaborative	management program.			
Trial				
Website: http://wv	vw.sprc.org/featured_resources/ebpp/pdf/pros	pect.pdf		
Beck	To identify depression in the general	CCHC,	∑ C/Y	
Depression	population:	FQHC,	<u>⊠</u> TAY	
Inventory	Screening	NA Health Center,	Adults	
PRIME-MD	<ul> <li>Early intervention, if appropriate</li> </ul>	Rural Health Centers.		
<ul> <li>Goldberg</li> </ul>	Behavioral health assessment and			
Depression	referral, if necessary			
Questionnaire				
Websites: PRIME-MD: http://bipolar.stanford.edu/pdf/questionnaire.doc				
Goldberg Depression: http://counsellingresource.com/quizzes/goldberg-depression/index.html				

2. Specialized Program for Early Onset of a Psychotic Illness <sup>2</sup>				
EXAMPLES OF STRATEGIES	DESCRIPTION	SETTINGS	AGE GROUP	
ORYGEN	Includes the PACE and EPPIC programs, below. Includes youth health service, research center, education, health promotion, advocacy activities	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non- mental health settings		
Website: www.ory	/gen.org.au			
Personal Assessment and Crisis Evaluation (PACE)	Work with young people, ages 14 to 30 who may be at risk for developing psychosis by providing appropriate treatment to reduce early symptoms or prevent the development of mental health problems.	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non- mental health settings	C/Y TAY Adults Older Adults	
Website: www.ory				
Early Psychosis Prevention and Intervention Center (EPPIC)	Identify and treat the primary symptoms of psychotic illness; improve access and reduce delays in initial treatment; promote well-being with family members; provide education; reduce disruption in individual's life caused by the illness.	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non- mental health settings		
Website: www.EPPIC.org.au				

<sup>&</sup>lt;sup>2</sup> These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

2. Specialized Program for Early Onset of a Psychotic Illness <sup>3</sup>					
5VAADI 50.05	574479150.05				
EXAMPLES OF STRATEGIES	DESCRIPTION	SETTINGS	AGE GROUP		
Early Treatment	Psychoeducational multifamily group	Homes, Restaurants, Schools,	⊠ C/Y		
and	treatment for individuals experiencing first	Store-front, non-stigmatizing, non-	<b>⊠</b> TAY		
Identification of	onset of psychosis, based on research by	mental health settings	Adults		
Psychosis	Tom McGlashan, Yale University		Older Adults		
Program (TIPS)					
<ul><li>Norway</li></ul>					
Website: None					
Portland	Teaches how to recognize early signs or	Homes, Restaurants, Schools	⊠ C/Y		
Identification	active symptoms of psychotic disorders in	Store-front, non-stigmatizing, non-	<u>⊠</u> TAY		
and Early	individuals ages 12 to 25; begins intensive	mental health settings	Adults		
Referral	treatment as early as possible		Older Adults		
Program (PIER)					
Websites: www.preventmentalillness.org or www.stopmentalillness.org					
Initiative to	Early Intervention in psychosis;	Homes, Restaurants, Schools,	<u>⊠</u> C/Y		
Reduce the	development of non-stigmatizing services	Store-front, non-stigmatizing, non-	<u>⊠</u> TAY		
Impact of	that appropriate for young people in early	mental health settings	Adults		
Schizophrenia	stage of illness; reduce impact of psychosis		Older Adults		
(IRIS)	on young people				
Website: www.iris-initiative.org.uk					

<sup>&</sup>lt;sup>3</sup> These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

3. General Resources for Specialized Programs <sup>4</sup> for Early Onset of a Psychotic Illness				
RESOURCE	DESCRIPTION	SETTINGS	AGE GROUP	
Structured Interview for Prodromal Syndromes (SIPS)	Screening instrument used to classify individuals into one of three states:  BIPS (Brief Intermittent Psychotic Symptom Syndrome)  APS (Attenuated Positive Symptom Syndrome)  SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	C/Y TAY Adults Older Adults	
Website: http://www.schizophrenia.com/sztest/SIPS.details.htm				

<sup>&</sup>lt;sup>4</sup> These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

3. General Resources for Specialized Programs <sup>5</sup> for Early Onset of a Psychotic Illness				
RESOURCE	DESCRIPTION	SETTINGS	AGE GROUP	
Bonn Scale for the Assessment of Basic Symptoms (BSABS)	Screening instrument used to classify individuals into one of three states:  BIPS (Brief Intermittent Psychotic Symptom Syndrome)  APS (Attenuated Positive Symptom Syndrome)  SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	C/Y     TAY     Adults     Older Adults	
Website: http://www3.interscience.wiley.com/cgi-bin/abstract/112475704/ABSTRACT?CRETRY=1&SRETRY=0				

<sup>&</sup>lt;sup>5</sup> These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

3. General Resources for Specialized Programs <sup>6</sup> for				
	Early Onset of a Psychotic Illn	ess		
RESOURCE	DESCRIPTION	SETTINGS	AGE GROUP	
Comprehensive Assessment of At-Risk Mental States (CAARMS)	Screening instrument used to classify individuals into one of three states:  BIPS (Brief Intermittent Psychotic Symptom Syndrome)  APS (Attenuated Positive Symptom Syndrome)  SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	C/Y     TAY     Adults     Older Adults	
Website: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1440-1614.2005.01714.x?journalCode=anp				
International Early Psychosis Association (IEPA)	Clearinghouse for information about early intervention and first onset programs around the world.	Varies		
Website: www.iepa.org.au				

<sup>&</sup>lt;sup>6</sup> These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.